

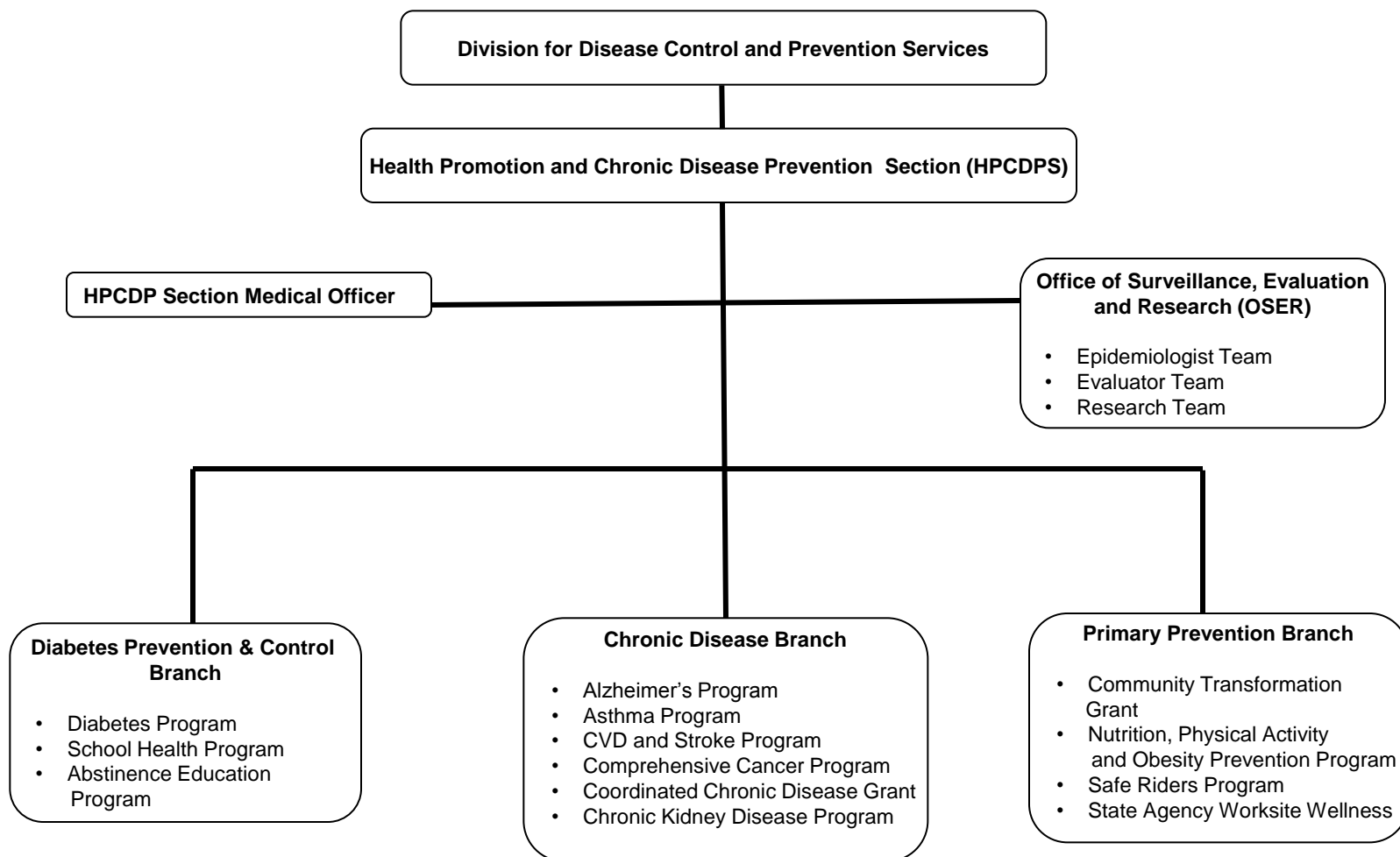


Texas Diabetes Prevention & Control Program

**Health Promotion and Chronic Disease
Prevention Section**

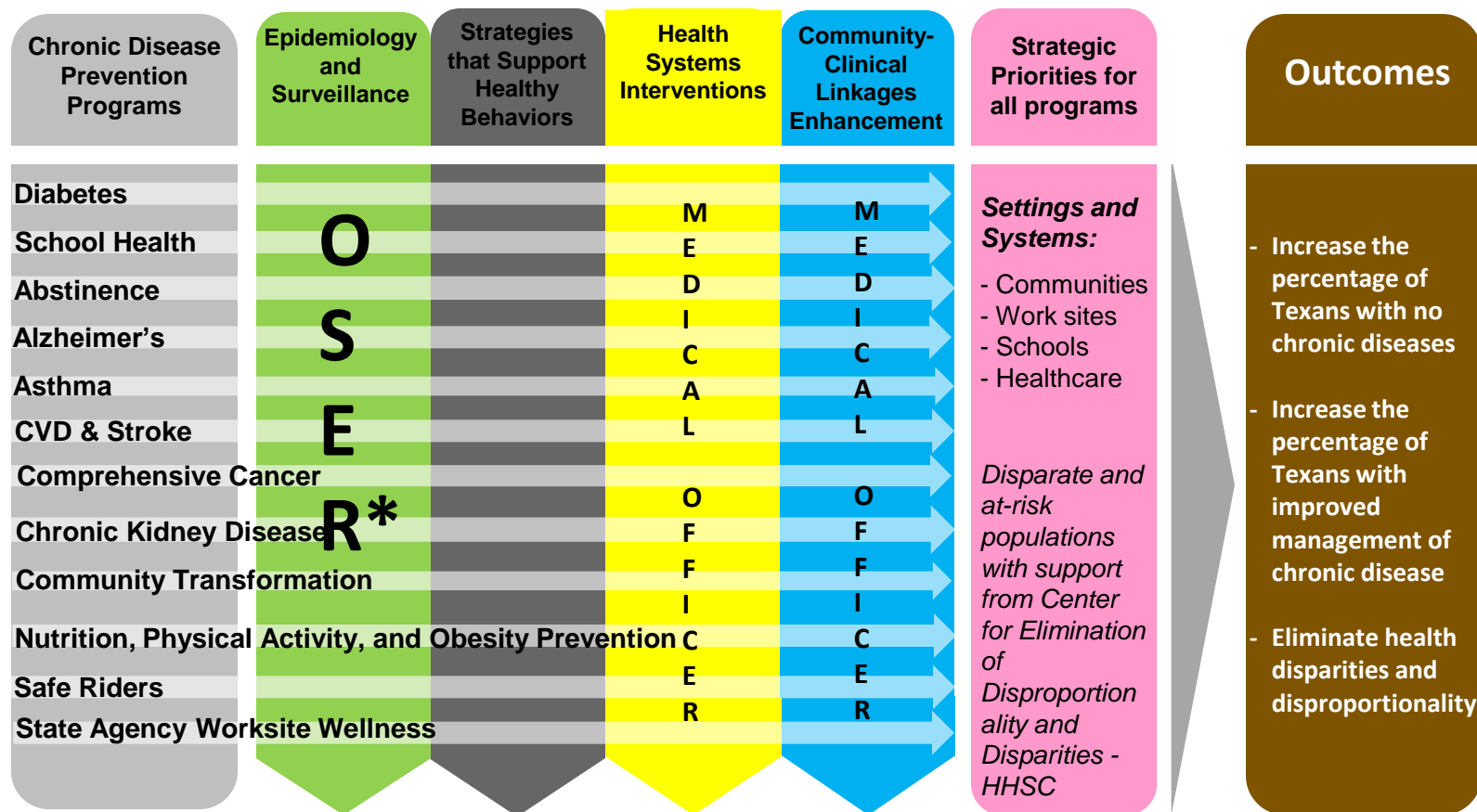
Introduction

Health Promotion & Chronic Disease Prevention Section



Coordinated Chronic Disease Model

Four Domains of Program Activities



* Office of Surveillance, Evaluation and Research

Data and Surveillance

Main Types of Diabetes

- **Type 1 diabetes**, formerly called juvenile diabetes, is usually an immune disorder diagnosed in children, teenagers, and young adults.
- **Type 2 diabetes**, formerly called adult onset diabetes, is the most common type of diabetes. About 95 percent of people with diabetes have type 2.
- **Gestational diabetes** is a type of diabetes that develops only during pregnancy. Gestational diabetes affects 2 to 10 percent of all pregnancies.
- **Prediabetes** is a condition in which individuals have blood glucose or A1c levels higher than normal but not high enough to be classified as diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.

Diagnosing Diabetes

Blood Test Levels for Diagnosis of Diabetes and Prediabetes

	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	6.5 or above	126 or above	200 or above
Prediabetes	5.7 to 6.4	100 to 125	140 to 199
Normal	About 5	99 or below	139 or below

Definitions: mg = milligram, dL = deciliter

For all three tests, within the prediabetes range, the higher the test result, the greater the risk of diabetes.

Prevalence of Prediabetes

Texas Behavioral Risk Factor Surveillance System (BRFSS), 2010

Percentage of Texas adults aged 18 years or older
with prediabetes:

Interview only - Self-reported

5.6%

National Health and Nutrition Examination Survey (NHANES) 2005-2008

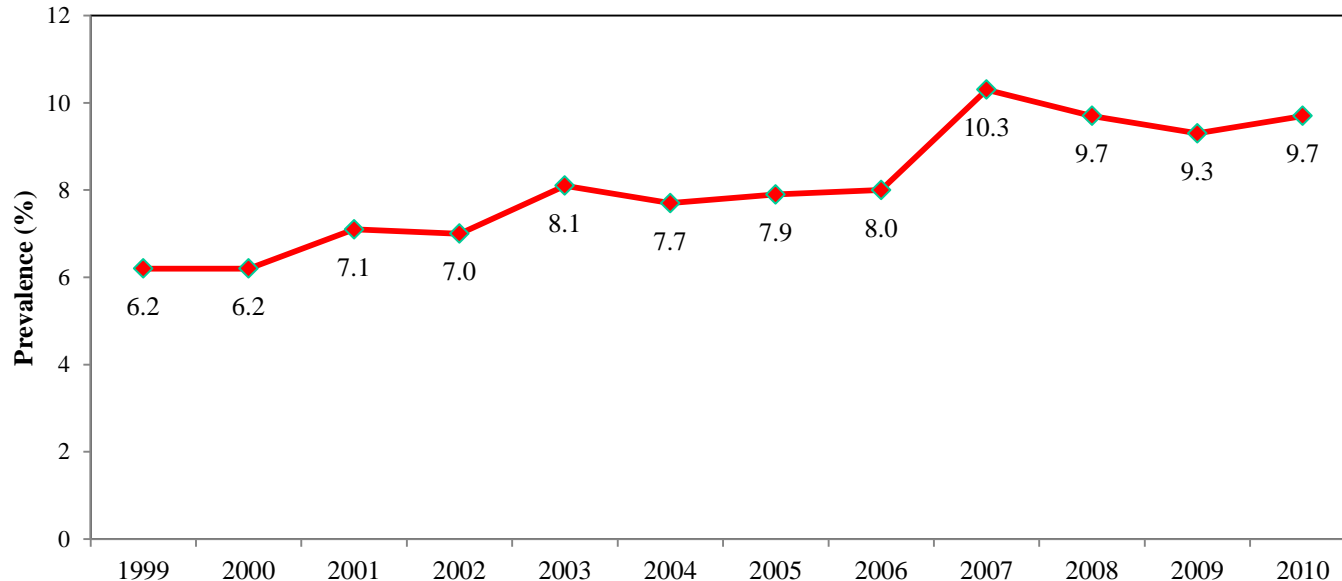
Percentage of U.S. adults aged 20 years or older with prediabetes:

Interview and Physical Examination

35%

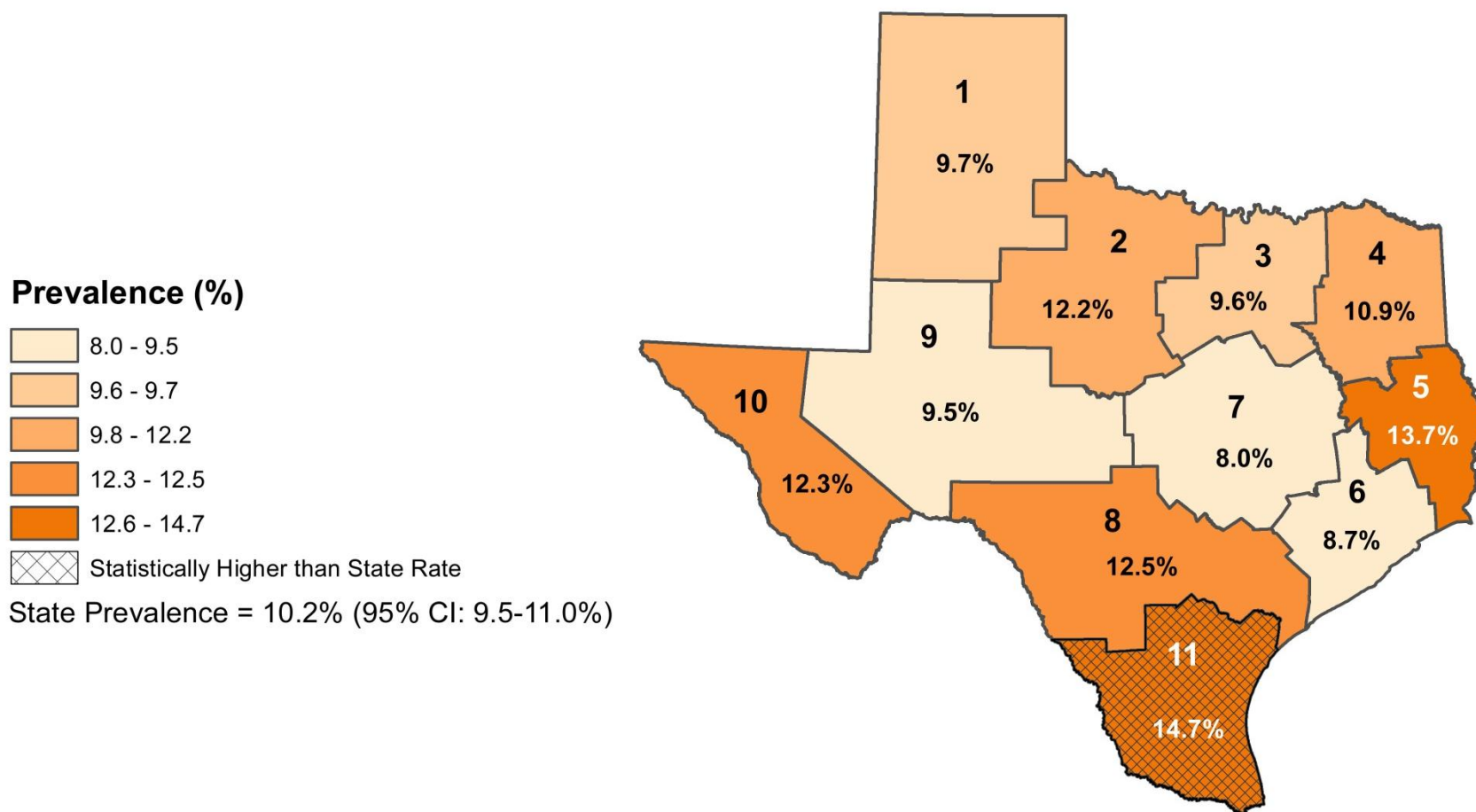
Prevalence of Diabetes in Texas, 2010*

In 2010, approximately **1.8 million** Texans were diagnosed with diabetes. An additional **451,009** are estimated to be undiagnosed.



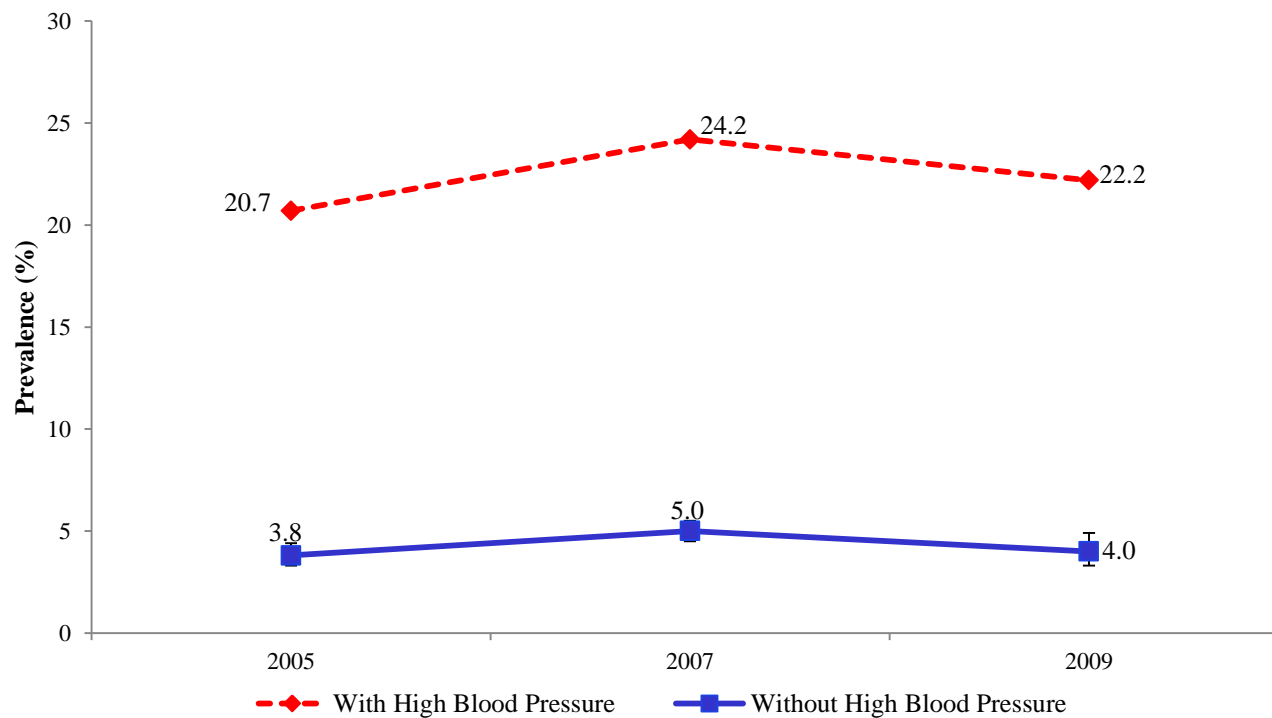
Source: Texas BRFSS for persons who are eighteen years of age and older, and include both Type 1 and Type 2 Diabetes. Persons with diabetes include those who report that they have been told by a doctor that they have diabetes. Women who report diabetes only during pregnancy are not included in prevalence. Note: All reported rates (%) are weighted for Texas demographics and the probability of selection and thus are not derived from the simple division of numerator and denominator. Undiagnosed diabetes estimate based on 2003-2006 NHANES age-adjusted prevalence estimate of 2.5% for persons twenty years of age and older.

BRFSS Estimated Diabetes Prevalence by Health Service Region, 2011



Texas Diabetes Prevalence by High Blood Pressure Status

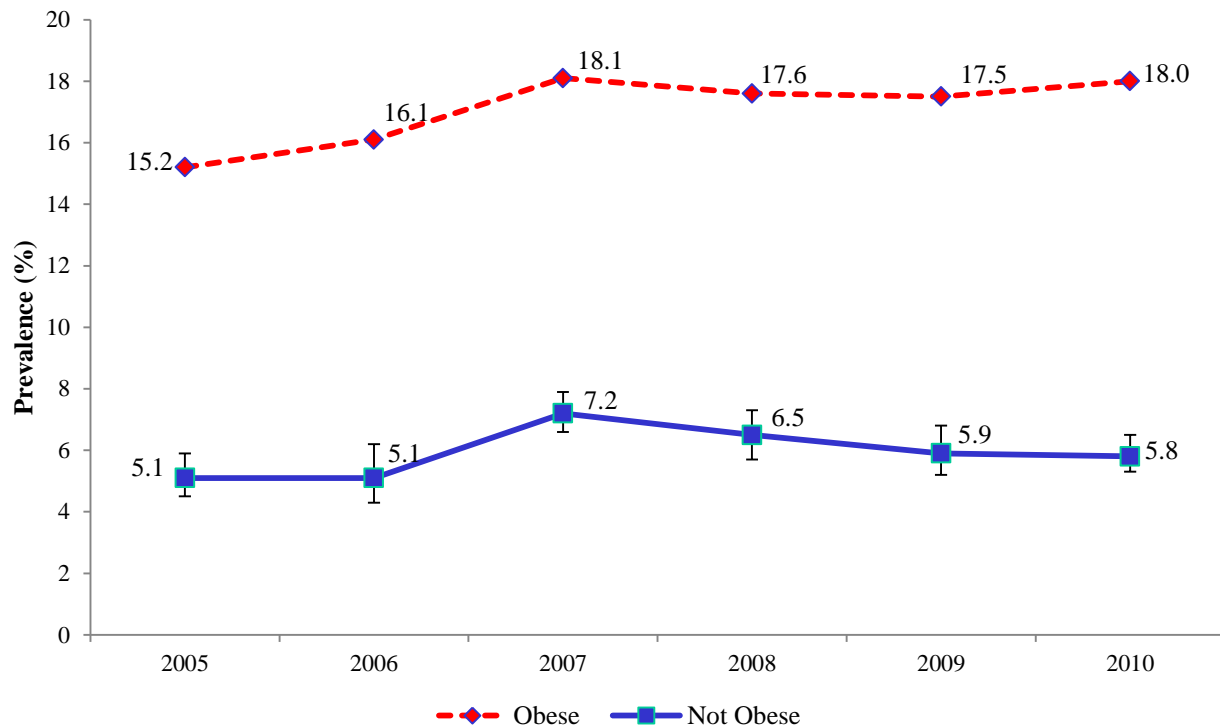
Texans with high blood pressure are up to five times more likely to have diabetes than those without high blood pressure.



Data Source: Texas BRFSS, DSHS.

Texas Diabetes Prevalence by Obesity Status

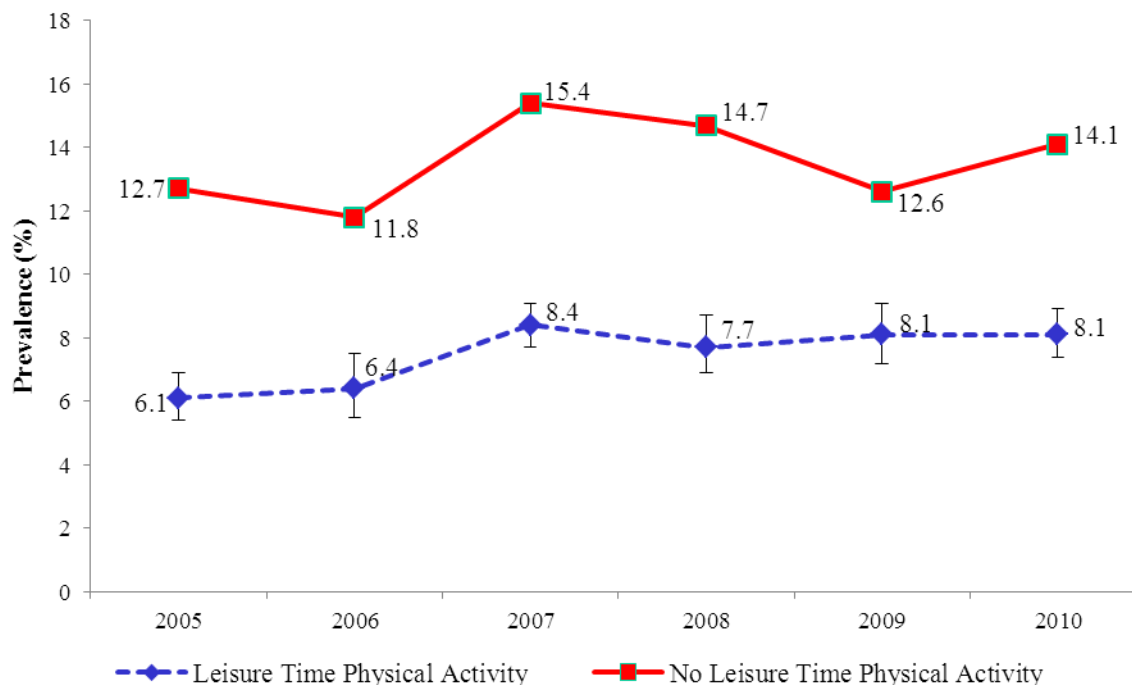
Texans who are obese are consistently more than twice as likely to have diabetes than those who are not obese.



Data Source: Texas BRFSS, DSHS.

Texas Diabetes Prevalence by Leisure-Time Physical Activity Status

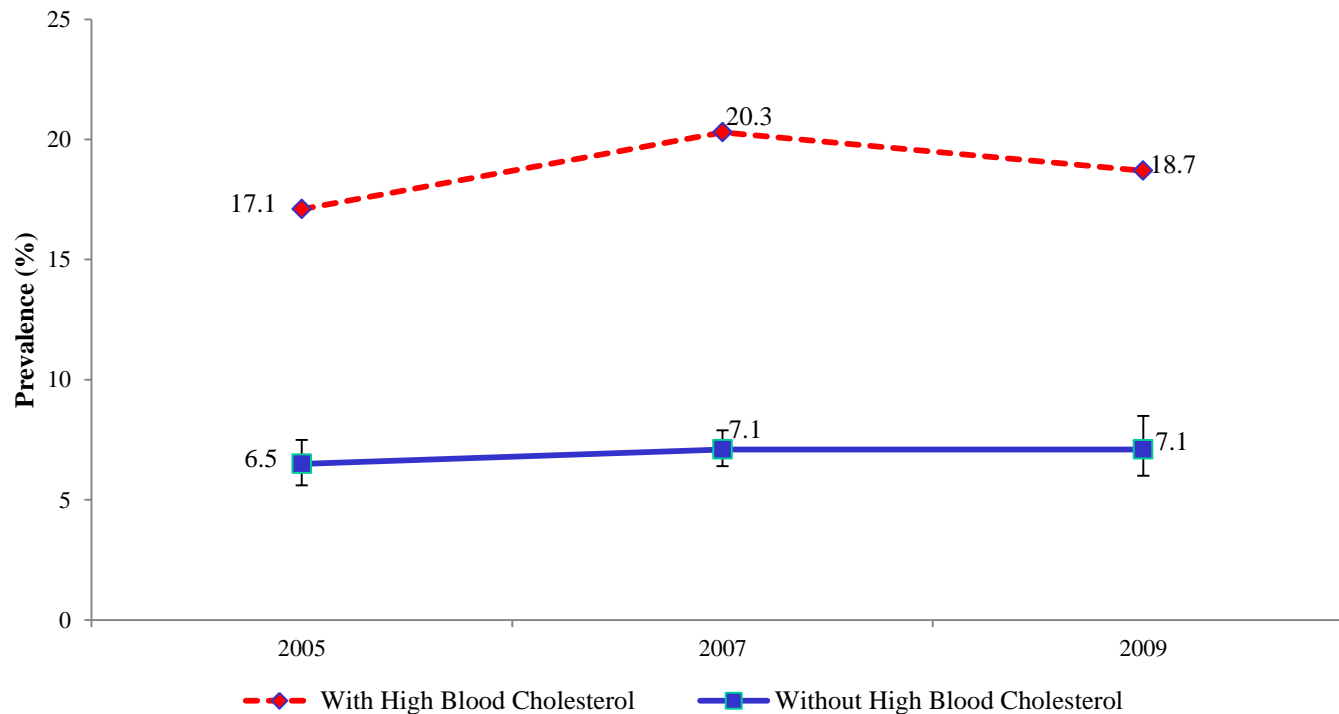
Diabetes prevalence estimates were consistently higher among adults who reported no leisure-time physical activity than for those who did.



Data Source: Texas BRFSS, DSHS.

Texas Diabetes Prevalence by High Blood Cholesterol Status

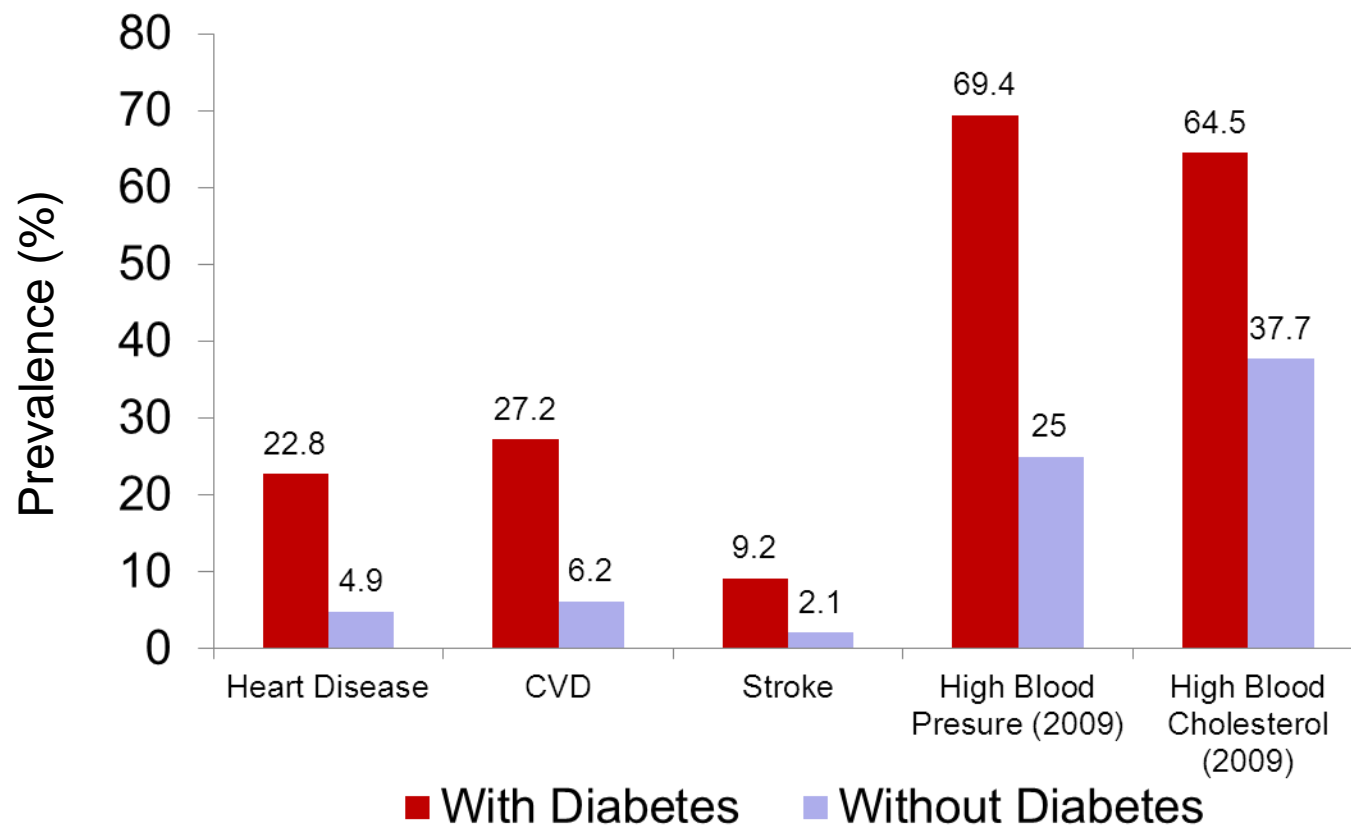
Texans with high blood cholesterol are more than two times likely to have diabetes than those without high blood cholesterol.



Data Source: Texas BRFSS, DSHS.

Selected Diabetes Complications

Texas, 2010

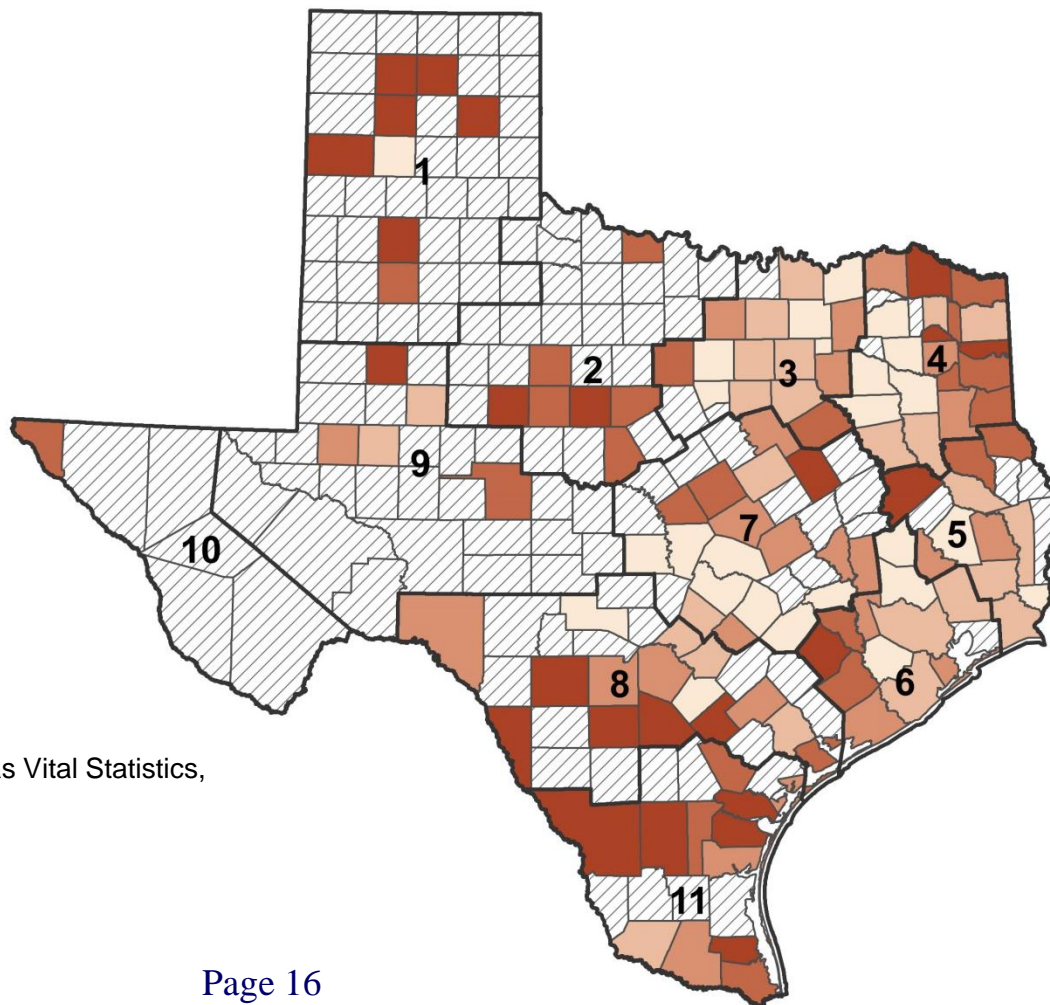
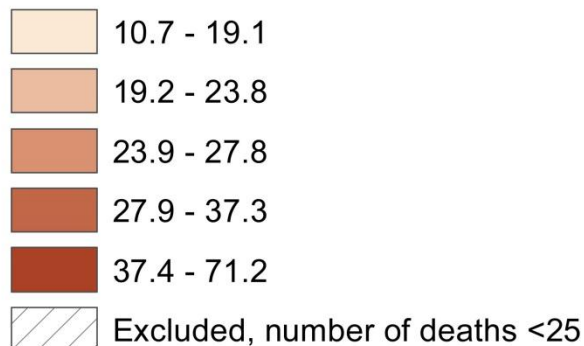


Source: Texas BRFSS, DSHS

Diabetes Mellitus – Underlying Cause of Death Texas, 2007-2010

State Rate = 23.9

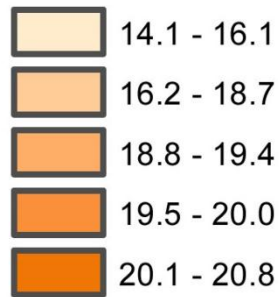
Rate per 100,000



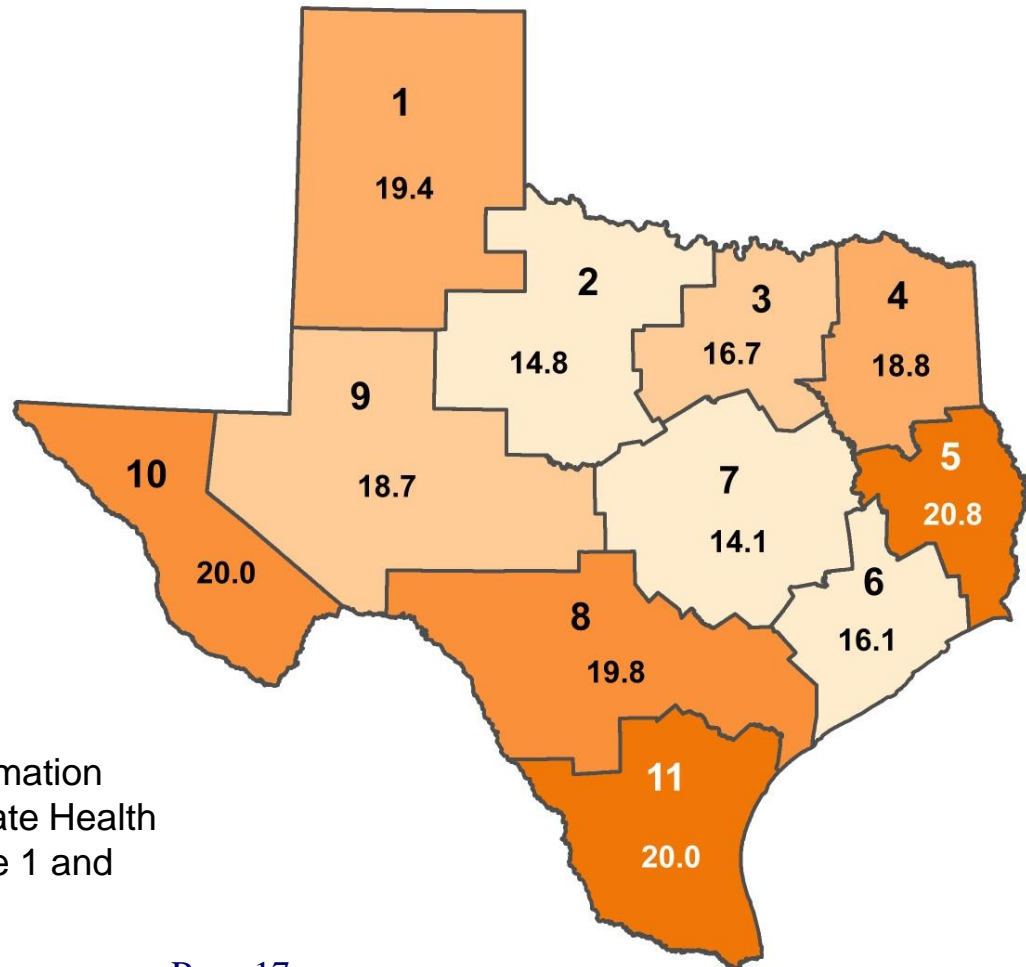
Texas Department of State Health Services, Texas Vital Statistics,
ICD-10 codes for E10-E-14

Diabetes Crude Hospitalization Rate by Health Service Region, 2010

Rate per 10,000



State Rate = 17.6



Data Source: Texas Health Care Information Collection (THCIC). Department of State Health Services, 2010. Data include both type 1 and type 2 diabetes.

Implementation Activities 2012-2013

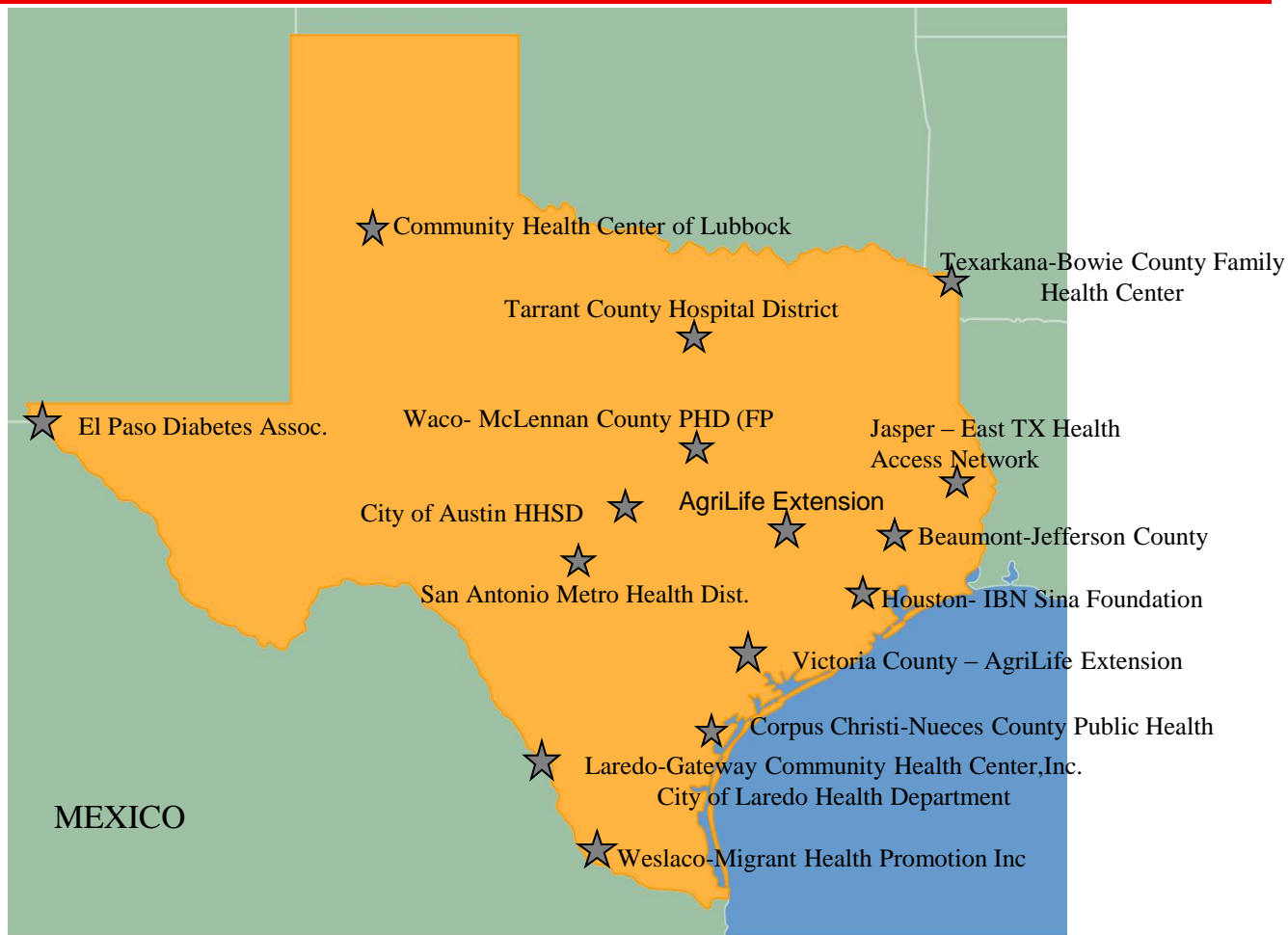
Community-based Diabetes Projects

- Projects include federally qualified health centers, local health departments, and other non-profits.
- Projects conduct diabetes prevention and management interventions and implement evidence-based programs and strategies at the local level to initiate policy, systems and environmental changes.
- Projects are located in both rural and urban settings, targeting racial and ethnic minorities that have disproportionate rates of diabetes and have limited access to health services.

Community-based Diabetes Projects



Community-based Diabetes Projects



* Texas AgriLife Extension serves multiple areas across the state

Community-based Diabetes Projects

- Diabetes Classes/Interventions:
 - **Diabetes Self-Management Education (DSME)** classes conducted for persons with diabetes and their families. A minimum of two series of DSME are conducted annually and held once a week for four weeks.
 - **Nutrition series** are conducted separately and include a minimum of three classes that meet for at least 30 minutes, once per week.
 - **Physical Activity interventions** are on-going and no less than 30 minutes, once per week, for a minimum of eight weeks.

Community-based Diabetes Projects

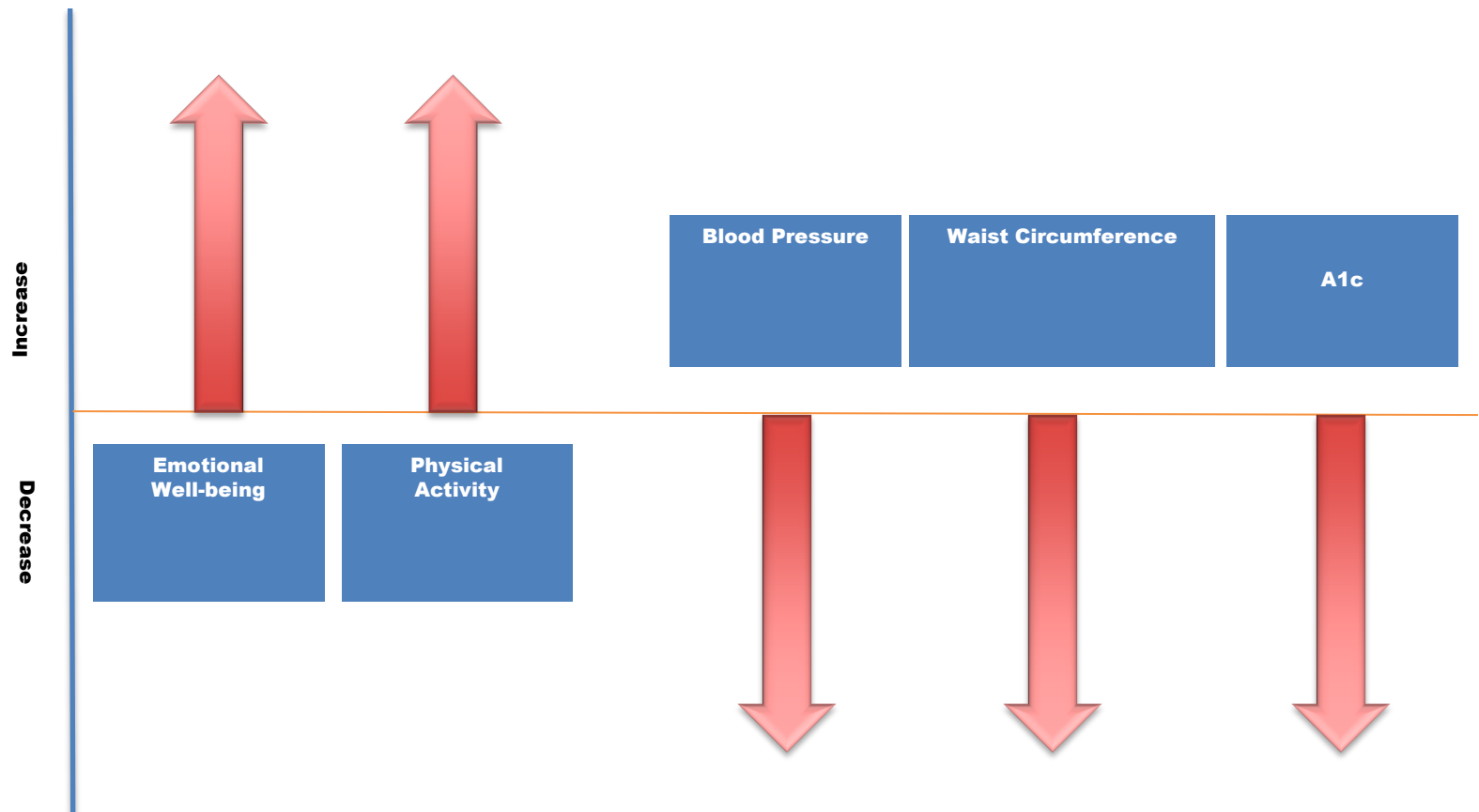
- Participant Demographics - Classes/Interventions:
 - Middle-aged
 - Female
 - Hispanic
 - Low socioeconomic status
 - Underinsured
 - Limited access to care
 - Poor health profile

Community-based Diabetes Projects

- Data Collection - Health Outcome Measures:
 - **Required**
 - Waist circumference
 - BMI (Body Mass Index)
 - Tobacco status/cessation
 - Blood Pressure
 - **Encouraged**
 - A1c
 - Cholesterol/Lipid Control

Community-based Diabetes Projects

Preliminary Outcome Results



Texas' Prevent Type 2 Social Marketing Campaign

- “Prevent Type 2” campaign targets Hispanics at high risk, raises awareness about diabetes risk factors, shows serious consequences of diabetes, and motivates the audience to get tested for prediabetes/diabetes.
- Campaign comprised of 30-second & 15-second TV spots in English and Spanish, Spanish and English websites, and banner and online ads.
- In 2011-12, the English and Spanish TV spots ran in Houston, Corpus Christi, Rio Grande Valley, Laredo, El Paso, Lubbock, and San Antonio targeting adults 25-50.

Campaign Objectives

Prevent Type 2

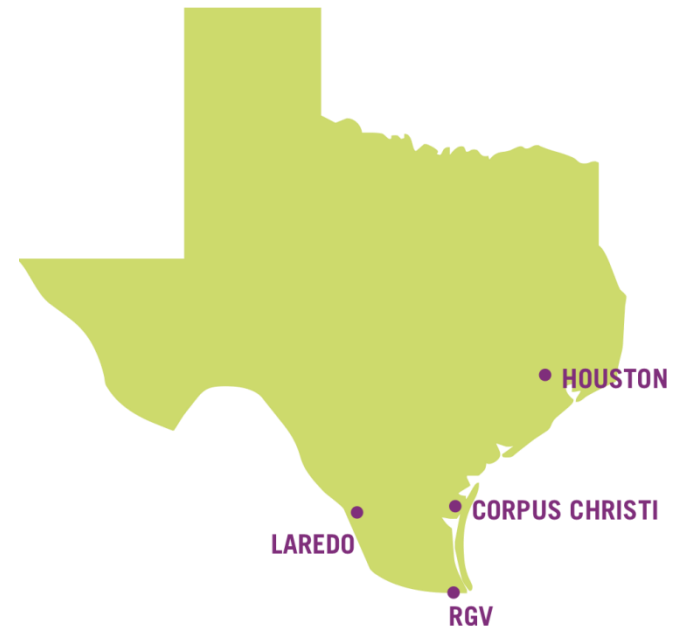
- Target Hispanics as high risk audience.
- Raise awareness about diabetes risk factors.
- Show serious consequences of diabetes.
- Motivate audience to get tested.



Research-based Campaign

Prevent Type 2

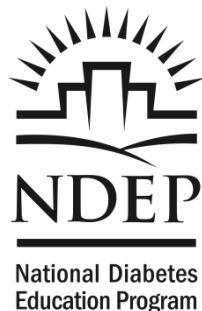
- Three focus groups in Hispanic communities to gauge health attitudes, understanding of diabetes and preferred information sources.
- Findings
 - Don't recognize they are at risk for diabetes.
 - Don't understand behavior changes now can help prevent diabetes later.
 - Respond to hard-hitting consequences of diabetes.
 - Prefer TV and online info.



Campaign Approach

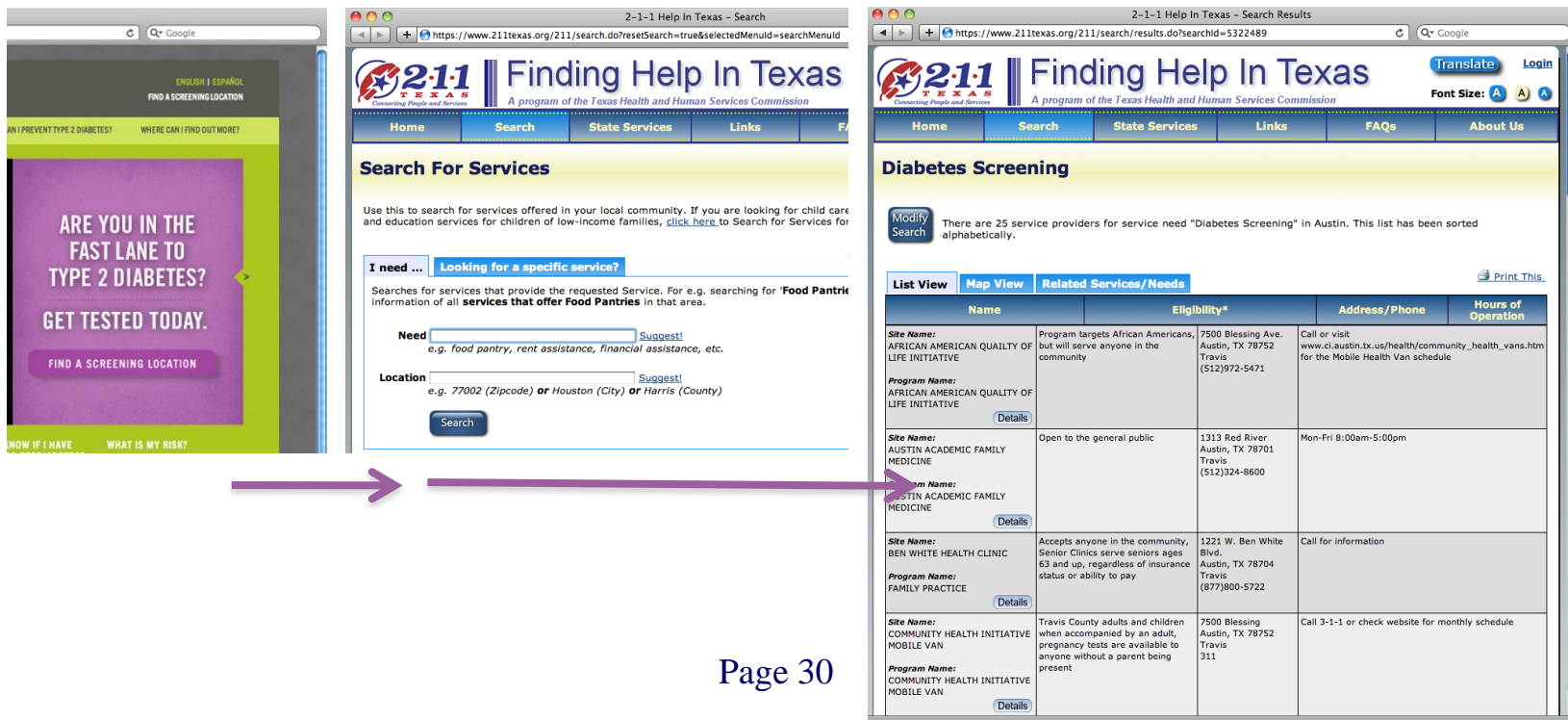
Prevent Type 2

- Show serious consequences.
- Create new Spanish-language TV spot and website.
- Conduct 2-week paid media campaign around diabetes observances in November and March.
- Use existing materials where possible.



Key Messages Prevent Type 2

- You are already at risk.
- Get tested for type 2 diabetes.
- Visit website for more information.



The image shows a sequence of three screenshots from the 2-1-1 Texas website, illustrating the process of finding diabetes screening services. A large purple arrow points from the first screenshot to the second, and another purple arrow points from the second to the third.

First Screenshot: The homepage features a prominent purple banner with the text: "ARE YOU IN THE FAST LANE TO TYPE 2 DIABETES? GET TESTED TODAY. FIND A SCREENING LOCATION".

Second Screenshot: The "Search For Services" page. It includes a search bar with the text "I need ... Looking for a specific service?". Below the search bar, it says: "Use this to search for services offered in your local community. If you are looking for child care and education services for children of low-income families, [click here](#) to Search for Services for information of all services that offer Food Pantries in that area." The search bar has fields for "Need" (with a dropdown menu showing "Looking for a specific service?" and a "Suggest!" button) and "Location" (with a dropdown menu showing "77002 (Zipcode) or Houston (City) or Harris (County)" and a "Suggest!" button). A "Search" button is at the bottom.

Third Screenshot: The "Diabetes Screening" search results page. It shows a table of service providers. The table has columns: "Name", "Eligibility*", "Address/Phone", and "Hours of Operation".

Name	Eligibility*	Address/Phone	Hours of Operation
Site Name: AFRICAN AMERICAN QUALITY OF LIFE INITIATIVE Program Name: AFRICAN AMERICAN QUALITY OF LIFE INITIATIVE Details	Program targets African Americans, but will serve anyone in the community	7500 Blessing Ave. Austin, TX 78752 Travis (512)972-5471	Call or visit www.ci.austin.tx.us/health/community_health_vans.htm for the Mobile Health Van schedule
Site Name: AUSTIN ACADEMIC FAMILY MEDICINE Program Name: AUSTIN ACADEMIC FAMILY MEDICINE Details	Open to the general public	1313 Red River Austin, TX 78701 Travis (512)324-8600	Mon-Fri 8:00am-5:00pm
Site Name: BEN WHITE HEALTH CLINIC Program Name: FAMILY PRACTICE Details	Accepts anyone in the community, Senior Clinics serve seniors ages 63 and up, regardless of insurance status or ability to pay	1221 W. Ben White Blvd. Austin, TX 78704 Travis (877)800-5722	Call for information
Site Name: COMMUNITY HEALTH INITIATIVE MOBILE VAN Program Name: COMMUNITY HEALTH INITIATIVE MOBILE VAN Details	Travis County adults and children when accompanied by an adult, pregnancy tests are available to anyone without a parent being present	7500 Blessing Austin, TX 78752 Travis 311	Call 3-1-1 or check website for monthly schedule

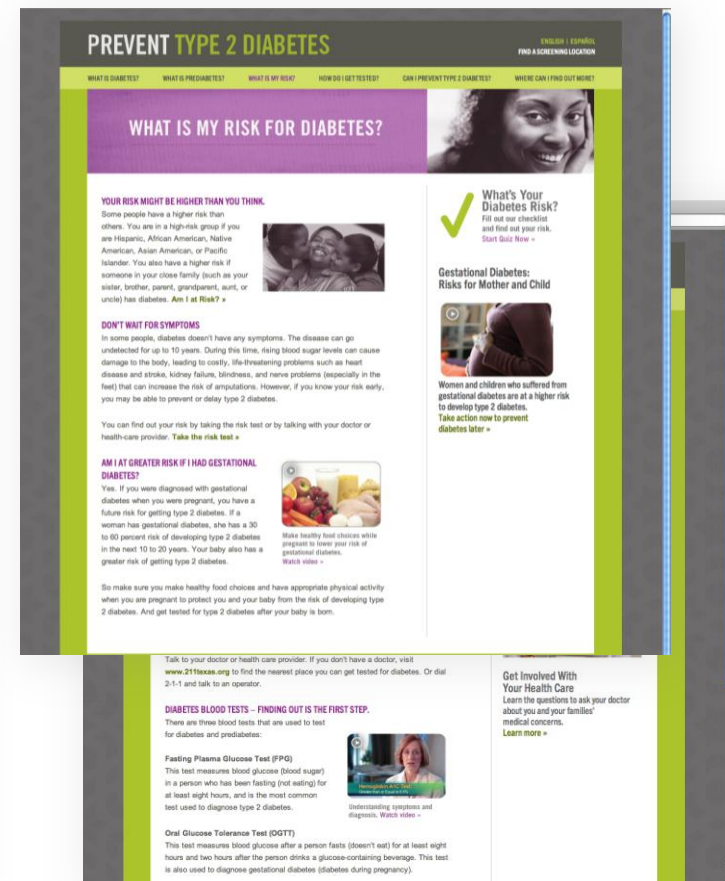
Campaign Elements

Prevent Type 2

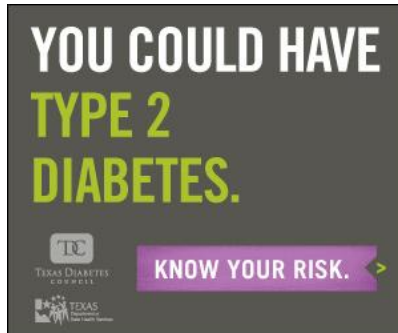
- 30-second & 15-second TV spots in English and Spanish.
- PrevenirTipo2.org/PreventType2.org websites.
- Banner and online ads.
- National Diabetes Education Program (NDEP) “game plan” materials.

“Slippers” TV PSA Prevent Type 2

Video may be viewed on the website at
www.preventtype2.org



Banner Ads Prevent Type 2



FACEBOOK Ads

Prevent Type 2

La diabetes viene de familia



¿Tiene alguno de sus parientes diabetes tipo 2? Eso lo pone en riesgo a usted también. Infórmese más.
PrevenirTipo2.org

Proteja a sus hijos



Es probable que 1 de cada 3 niños nacidos después del 2000 desarrolle diabetes tipo 2. Infórmese más.
PrevenirTipo2.org

Texas Hispanics at Risk



One in 3 Hispanics may develop type 2 diabetes. Don't chance it. Get tested. Find out how diet and exercise can help prevent it.
PrevenirTipo2.org



The screenshot shows a Facebook News Feed interface. At the top, there's a search bar and navigation links like Home, Profile, and Account. The main feed contains several posts: a post by David Ramos about a video, a post by Joan Manuel Serrat about a YouTube video, and a post by Eduardo Olamendi about a video. There are also sponsored posts at the bottom, including one for 'Protect Your Kids' which is a version of the 'PrevenirTipo2.org' ad seen in the left column. The right sidebar shows 'Upcoming Events' and 'People To Subscribe To'.

Results

Prevent Type 2

- **TV**

- 19,613,639 gross impressions
- 2,194,105 total net reach
- 86% reach/
average frequency=7.8
- \$137,436 added value



- **Online**

- 49 million impressions
- 3.56% average conversion rate
- Facebook and Google were best performers

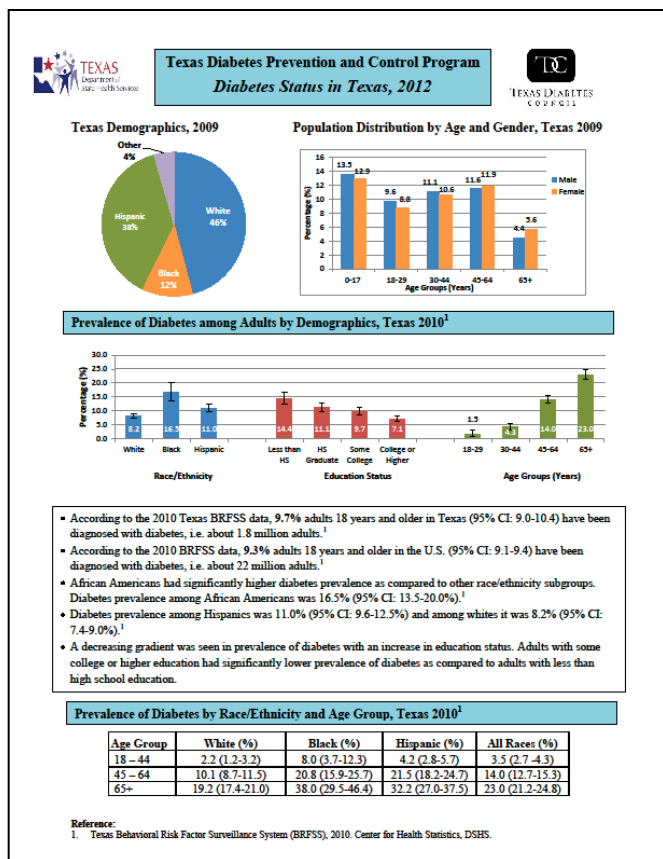
La diabetes viene de familia



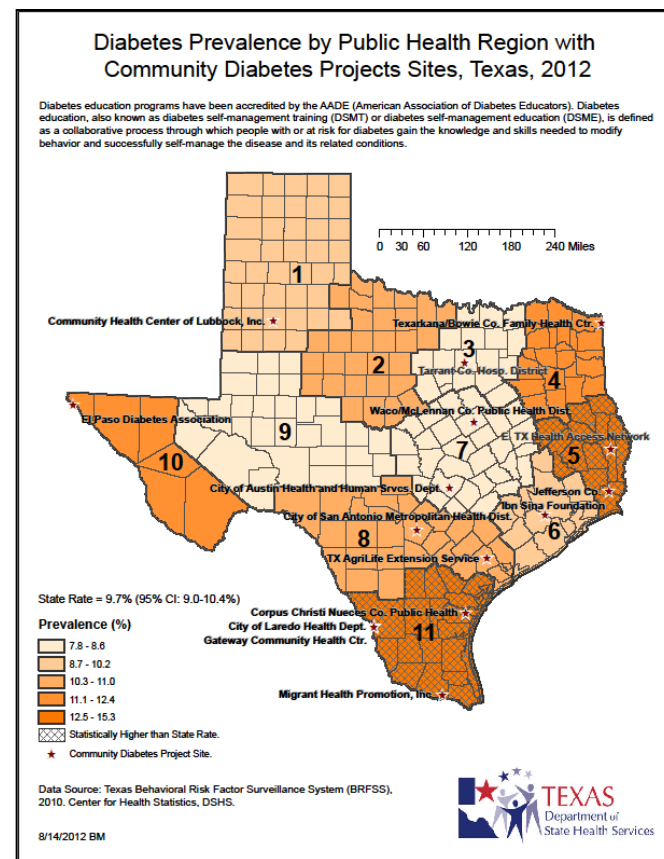
¿Tiene alguno de sus parientes diabetes tipo 2? Eso lo pone en riesgo a usted también. Infórmese más.
PrevenirTipo2.org

Diabetes Empowerment Education Program (DEEP)

- A licensed diabetes self-management education curriculum.
- Provides communities with tools to better manage diabetes and is based on principles of empowerment and adult education.
- Train-the-Trainer session held in Austin March 19-21, 2013 with 23 persons trained.



Prevalence Fact Sheet



Prevalence/Contractor GIS Map

The Burden of Diabetes In Texas

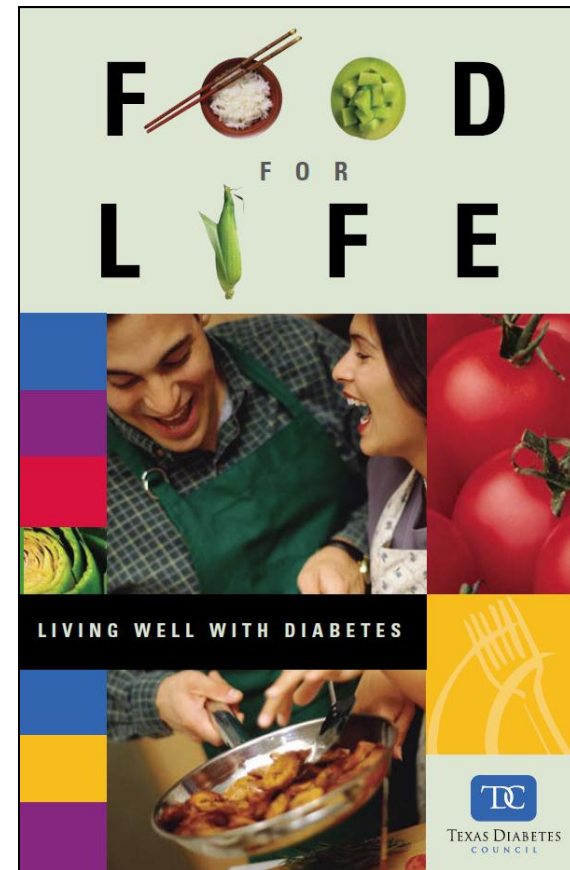
April 1, 2013

A Report Prepared by the
Office of Surveillance, Evaluation, and Research
Health Promotion and Chronic Disease Prevention Section
Texas Department of State Health Services
Austin, Texas



OSER
Office of Surveillance, Evaluation, and Research

Diabetes Burden Report



Diabetes Literature

Texas Diabetes Council

Texas Diabetes Council

- Established in 1983 through HSC Chapter 103 and TAC Title 25, Part 9.
- Governor-appointed, legislatively mandated.
- Comprised of 11 citizen members and one agency representative from HHSC, DSHS, and DARS.
- Works with private and public health organizations to promote diabetes prevention and awareness.

Diabetes Medicaid Pilot Project

-
- House Bill 1990, 81st Session, 2009, relates to a diabetes self-management training pilot program under the state Medicaid Program.
 - Implemented between 2011-12 with 3 active sites and 89 participants.
 - Delivered face-to-face education to fee-for-service Medicaid clients with diabetes.
 - Ended with statewide transition to Medicaid managed care.
 - Several clinical metrics trended upward such as cholesterol tests, retinal eye exams, and urine albumin.

Diabetes A1c Registry

-
- SB 510, 82nd Session, 2011, relates to a permanent, voluntary, statewide diabetes mellitus registry.
 - Legislation established a diabetes mellitus registry pilot during the 80th Session in 2007 and extended it during the 81st Session in 2009.
 - Tracks glycosylated hemoglobin levels for each person who has a lab test at a clinical laboratory in a participating public health district.
 - San Antonio Metropolitan Health District is the only participating district that meets population requirements.
 - In 2011, 34,649 hemoglobin A1c test results/values for 18,501 unique individuals tested with 33% less than 7 from one of four reporting laboratories (University Health System).

Diabetes Reports & Assessments

- SB 796, 82nd Session, 2011, relates to reporting on and assessing programs for the prevention and treatment of diabetes in Texas.
- Requires a biennial report on Health and Human Services Commission (HHSC) priorities for addressing diabetes within the Medicaid population.
- Requires a one-time report that contains an estimate of the annual direct and indirect costs to both the public and private sectors of preventing and treating persons with diabetes.
- Requires a biennial statewide assessment of existing programs for the prevention and treatment of persons with diabetes administered by HHSC or a Health and Human Services Agency.

- Legislative Mandates:
 - Public and professional education about all types of diabetes.
 - Development of programs for preventing type 2 diabetes.
 - Development of programs for early detection and diagnosis of diabetes.
 - Development of diabetes treatment services and programs for patients.

Risk Assessment for Type 2 Diabetes

Legislative Timeline:

1999-2001

- **HB 1860 [76R]** creates pilot program for Acanthosis Nigricans (AN) screening during vision/hearing/scoliosis screening in Education Service Centers (ESCs) Regions 1 and 19 (Rio Grande Valley and El Paso). Administered by UT Pan American Border Health Office.

2001-2003

- **HB 2989 [77R]** expands screening to ESC Region 2 (Corpus Christi), Region 3 (Victoria), Region 13 (Austin), Region 15 (San Angelo), Region 18 (Midland/Odessa), and Region 20 (San Antonio).

2003-2007

- **HB 2721 [78R]** Expands screening to include ESC Region 4 (Houston), Region 10 (Dallas), and Region 11 (Fort Worth).

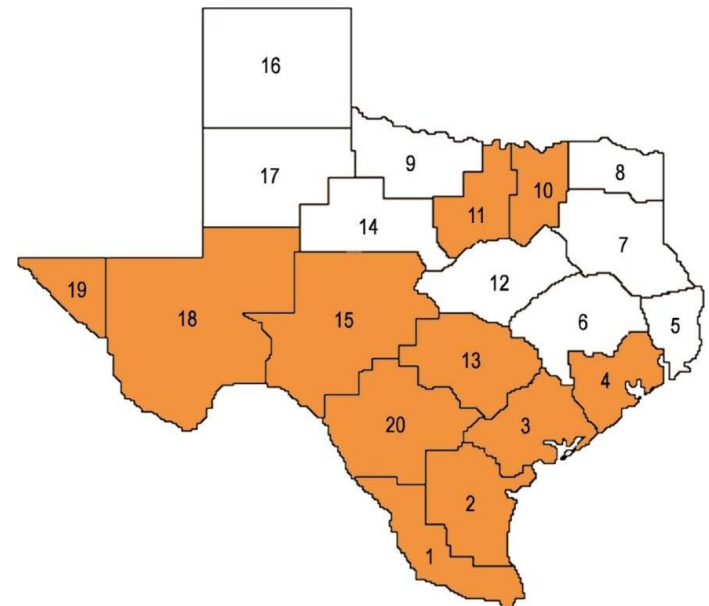
Risk Assessment for Type 2 Diabetes

Legislation: SB 415 80 [R]

Status: Passed

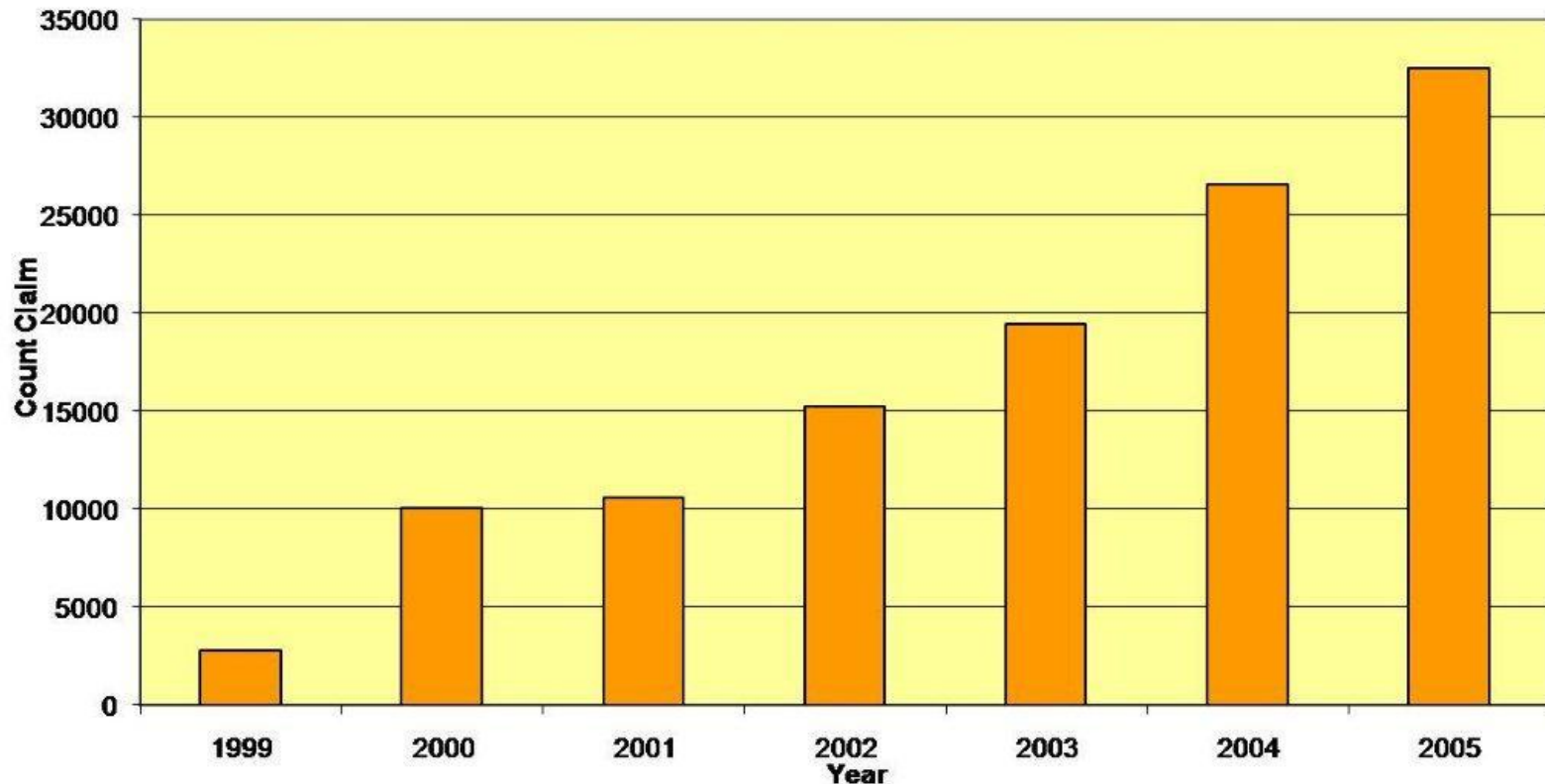
- Recommend who is responsible for conducting risk assessments for schools who do not employ a school nurse.
- Advise on age groups for risk assessment.
- Recommend method for recording/reporting number of youth at risk for type 2 diabetes and who qualify for the free or reduced-price lunch program.
- Contribute to Texas Diabetes Council's State Plan and recommend deadlines for implementing recommendations.
- Submit recommendations no later than Sept. 1 of each even-numbered year.

- 4 education coordinators
- 11 ESC Regions
- 6887 school nurses
- 1,135,705 students in mandated population (grades 1, 3, 5, and 7)

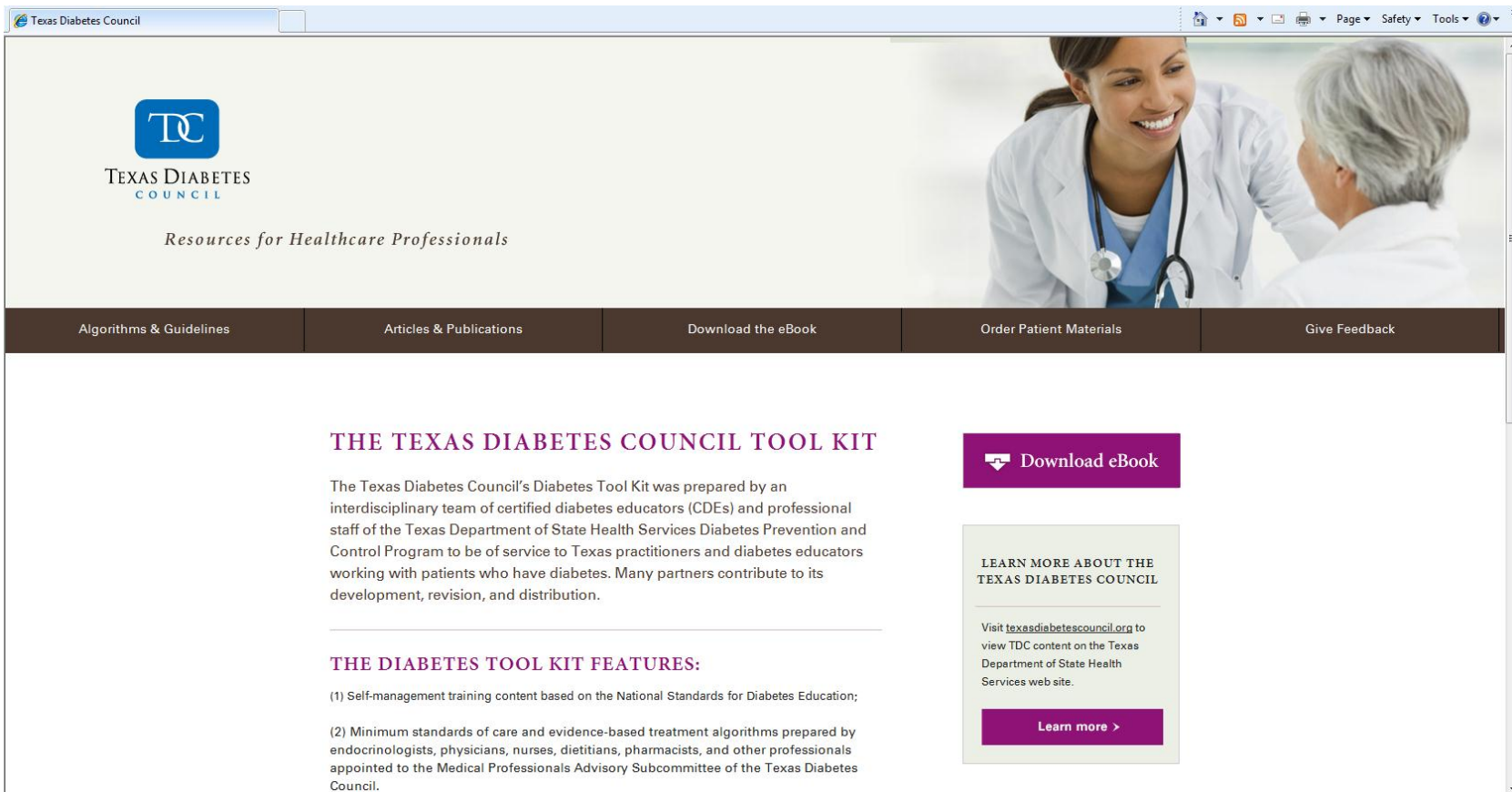


Risk Assessment for Type 2 Diabetes

Acanthosis Nigricans CPT Code 701.2 Claim Count among children 0-17 years old years old Texas Medicaid SFY 1999-2005



Minimum Standards of Care for Diabetes in Texas



The screenshot shows the Texas Diabetes Council website. The header features the TDC logo and the text "Resources for Healthcare Professionals". A navigation bar includes links for "Algorithms & Guidelines", "Articles & Publications", "Download the eBook", "Order Patient Materials", and "Give Feedback". The main content area highlights "THE TEXAS DIABETES COUNCIL TOOL KIT" and describes its purpose. A sidebar on the right contains a "Download eBook" button and a section titled "LEARN MORE ABOUT THE TEXAS DIABETES COUNCIL" with a "Learn more >" link.

THE TEXAS DIABETES COUNCIL TOOL KIT

The Texas Diabetes Council's Diabetes Tool Kit was prepared by an interdisciplinary team of certified diabetes educators (CDEs) and professional staff of the Texas Department of State Health Services Diabetes Prevention and Control Program to be of service to Texas practitioners and diabetes educators working with patients who have diabetes. Many partners contribute to its development, revision, and distribution.

THE DIABETES TOOL KIT FEATURES:

- (1) Self-management training content based on the National Standards for Diabetes Education;
- (2) Minimum standards of care and evidence-based treatment algorithms prepared by endocrinologists, physicians, nurses, dietitians, pharmacists, and other professionals appointed to the Medical Professionals Advisory Subcommittee of the Texas Diabetes Council.

Download eBook

LEARN MORE ABOUT THE TEXAS DIABETES COUNCIL

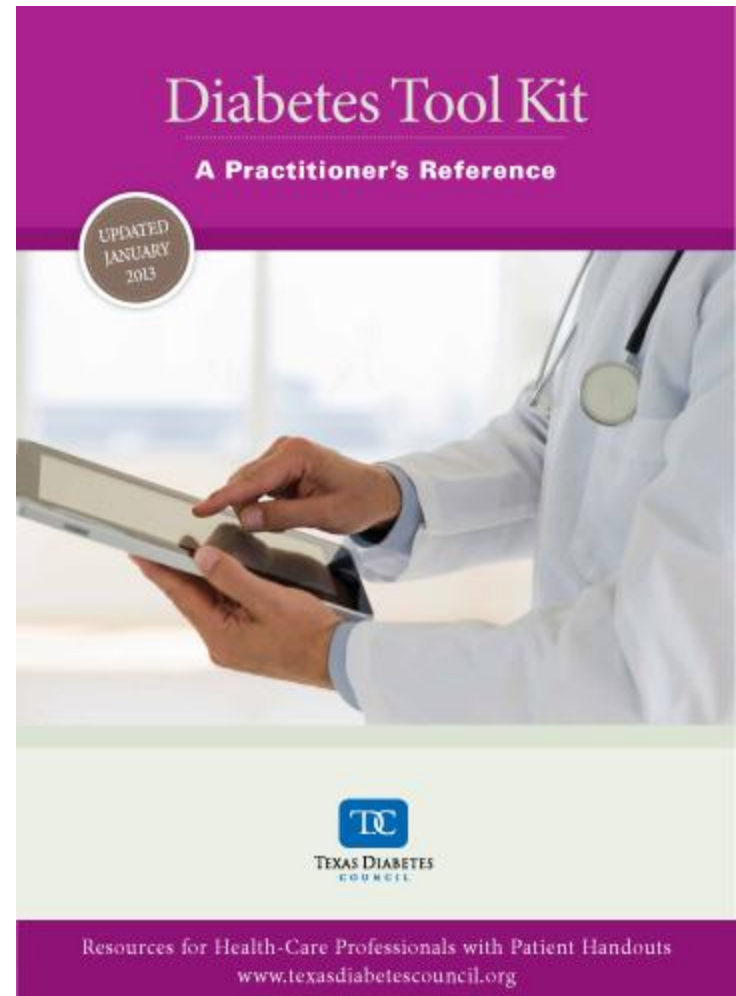
Visit texasdiabetescouncil.org to view TDC content on the Texas Department of State Health Services web site.

Learn more >

Minimum Standards of Care for Diabetes in Texas

- Texas Diabetes Council Diabetes Tool Kit
 - Targets healthcare professionals.
 - Contains treatment guidelines and algorithms, patient education materials, articles and publications.

www.tdctoolkit.org



Minimum Standards of Care for Diabetes in Texas

DIABETES TREATMENT ALGORITHMS

Diabetes Minimum Practice Recommendations



Name: _____ ID#: _____ D.O.B.: _____ Sex: M F

Exam/Test/Counseling Schedule

Suggested Result Codes: O=Ordered, N=Normal, A=Abnormal, E=Done Elsewhere, R=Referred

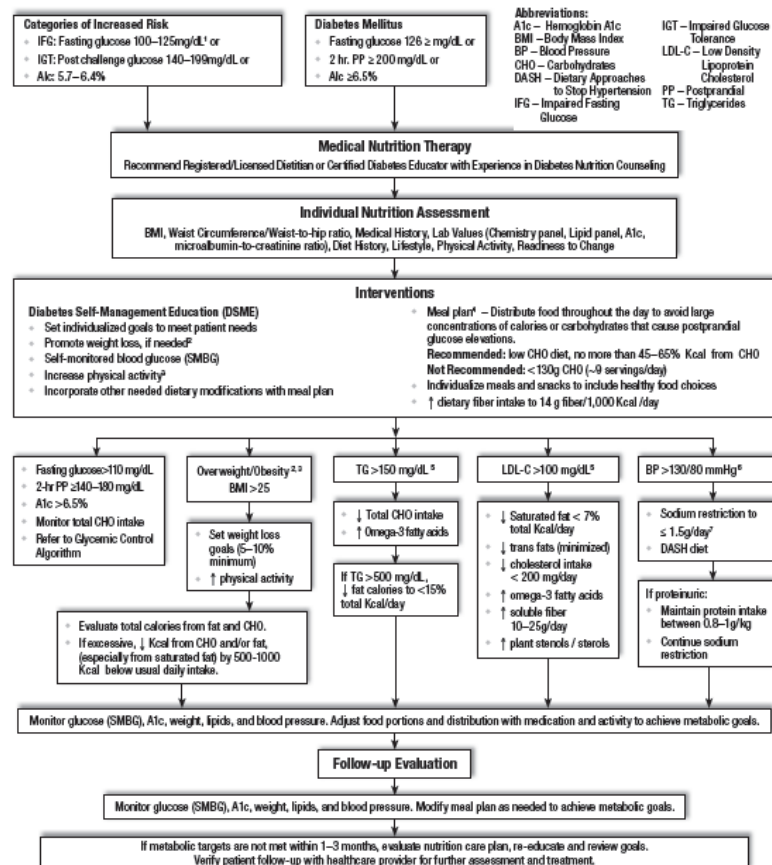
1. Complete history & physical	Initial visit and at clinician's discretion (including risk factors, exercise & diet)	Date Result							
2. Diabetes Education ¹	Initial visit and at clinician's discretion	Date Result							
3. Medical Nutrition Therapy	Initial visit and at clinician's discretion	Date Result							
4. Exercise Counseling	Initial visit and at clinician's discretion	Date Result							
5. Psychosocial Counseling	Initial visit and at clinician's discretion	Date Result							
6. Lifestyle/Behavior Changes Counseling	Initial visit and at clinician's discretion	Smoking cessation Alcohol reduction	Date Result						
7. Weight/Height/BMI	Adult Overweight—BMI 25–29.9 Adult Obesity—BMI ≥ 30	Every Visit	Date Result						
8. Blood Pressure	Target: <130/80 mm Hg Target: <125/75 mm Hg if > 1g proteinuria	Every Visit	Date Result						
9. Foot Inspection	Visual inspection for skin and nail lesions, calluses, infections	Every Visit	Date Result						
10. Oral/Dental Inspection	Refer for dental care annually or as needed	Every Visit	Date Result						
11. Growth and Development	(including height) in Children	Every Visit	Date Result						
12. Aspirin/Antiplatelet Prophylaxis	(if no contraindications) Type 1 or 2 > age 30	Every Visit	Date Result						
13. A1c ²	Individualize goal based on patient risk factors Intensive management - A1c < 6.7% Less intensive management - A1c < 7-8%	Every 3–6 months	Date Result						
14. Kidney evaluation	Estimate GFR (eGFR) & microalbumin determination (>30mg = abnormal). Consider nephro/endocrine evaluation at Stage 3 CKD (eGFR <60); also consider PTH & Hb if CKD Stage 3 If significant proteinuria, monitor serum creatinine every 3–6 months	Type 1: Annually beginning 5 years from diagnosis Type 2: Initial visit then annually	Date Result						
15. Dilated fundoscopic eye exam	By an ophthalmologist or therapeutic optometrist	Type 1: Annually beginning 5 years from diagnosis Type 2: Initial, then annually	Date Result						
16. Oral/Dental Exam	Refer to appropriate provider	Annually or as needed	Date Result						
17. Foot Exam	Complete foot exam and neurologic assessment	Annually or as needed							
18. Lipid Profile	Targets: LDL-C <100 mg/dL (CHO <70mg/dL) Triglycerides <150 mg/dL	Annually if at goal; otherwise every 3–6 months (> age 18)	Date Result						
19. Immunizations	Influenza (Flu) Vaccine Td Vaccine Pneumococcal Vaccine Childhood Immunizations	Annually Every 10 Years Initial, repeat per ACIP Per CDC Schedule	Date Result						

¹ Diabetes Education should address the following: self-management skills (i.e. monitoring, sick day management), medications, frequency of hypoglycemia, high-risk behaviors (e.g. smoking, alcohol), adherence with self-care (self-management plan from the last visit including diet, medication use, exercise plan), assessment of complications, diabetes knowledge and follow-up of referrals.

² Intensity management is: Absent/stable cardiovascular disease, mild-moderate microvascular complications, intact hypoglycemia awareness, infrequent hypoglycemic episodes, recently diagnosed diabetes. Less intensive management is: Evidence of advanced or poorly controlled cardiovascular and/or microvascular complications, hypoglycemia unawareness, vulnerable patient (ie, impaired cognition, dementia, fall history).

DIABETES TREATMENT ALGORITHMS

Diabetes Medical Nutrition Therapy and Prevention Algorithm For Adults



Footnotes

¹ This test requires the use of a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.
² 2-hr post-challenge glucose.

³ Refer to Weight Loss Algorithm

⁴ Refer to Exercises Algorithm

⁵ ADA. Standards of Medical Care in Diabetes – 2010. Diabetes Care. 2010;33 (suppl 1): S11–S61.

⁶ Refer to Lipid Treatment Algorithm

⁷ Refer to Hypertension Algorithm

⁸ Dietary Guidelines for Americans, 2005. Available online at <http://www.health.gov/dietaryguidelines/dgs2005/document/html/chapter8.htm> Accessed on July 22, 2010.

Care of Students with Diabetes in Texas Schools

- Per House Bill 894, 79th Session, 2005, the Texas Diabetes Council has developed guidelines for training school personnel to be diabetes care assistants.
- The guidelines and FAQs are accessible online at www.texasdiabetescouncil.org



Future Directions

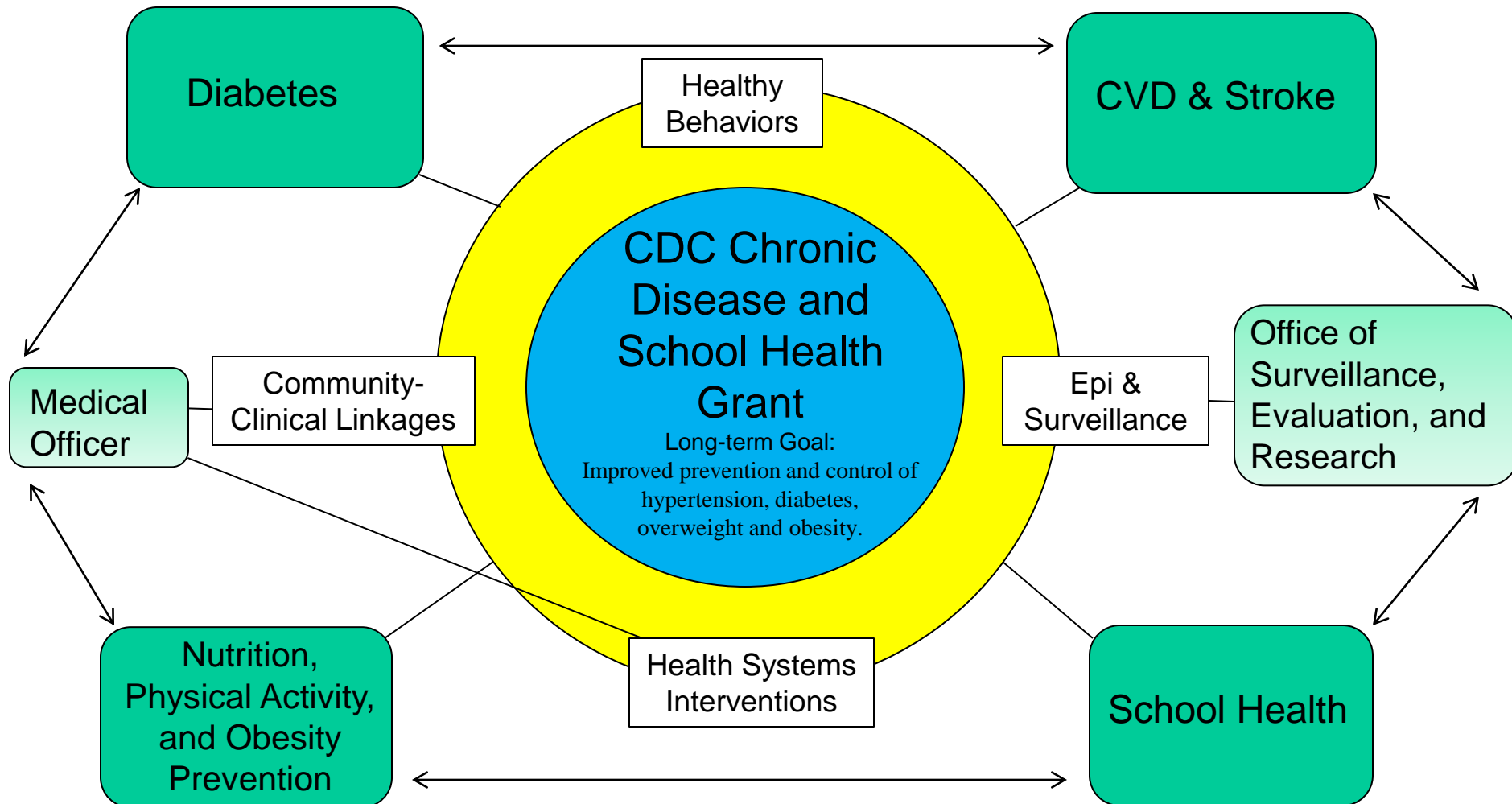
Future Directions

- CDC Chronic Disease and School Health Grant.
- National Diabetes Prevention Program (NDPP).
- Texas Diabetes Council Collaboration with Texas Medicaid.
- Diabetes-related Riders – 83rd Legislative Session.

CDC Chronic Disease and School Health Grant

- Supports statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors.
- Program areas include: diabetes, heart disease, obesity, school health and data/surveillance.
- Activities and strategies are focused around chronic disease domains:
 - epidemiology and surveillance,
 - environmental approaches to healthy behaviors,
 - health system interventions, and
 - community-clinical linkages.

CDC Chronic Disease and School Health Grant



Effect of Treatment on Incidence of Diabetes in the Diabetes Prevention Program

	Placebo	Metformin	Lifestyle
Annual incidence of diabetes	11.0%	7.8%	4.8%
Relative Reduction (compared with placebo)	----	31%	58%
Number needed to treat (to prevent 1 case in 3 years)	----	13.9	6.9

The DPP Research Group, NEJM 346: 393-403, 2002
All participants had IGT

National Diabetes Prevention Program (NDPP)

- Designed to reverse the increase in new cases of type 2 diabetes.
- Features a structured lifestyle intervention to help participants at high risk for type 2 diabetes lose a moderate amount of weight (5% to 7% of their current weight) and increase their physical activity to 150 minutes per week.
- Results proven to prevent or reduce the onset of diabetes by 58%.
- Launched initially through YMCAs with United Healthcare as first third-party payer to offer participant reimbursement.

Key Levers

Train the workforce

1

Implement a recognition program

2

Implement sites

3

Increase referrals and utilization

4

Proposed Diabetes-related Riders

83rd Legislative Session

- **Rider 71 – Reporting on Gestational Diabetes in Medicaid**
 - Identify impact of diabetes on Medicaid population.
- **Rider 72 – Texas Medicaid and Texas Diabetes Council**
 - Health and Human Services Commission to consider advice from the Texas Diabetes Council on new programs, rates and initiatives that could impact Medicaid patients with diabetes or their access to care.
- **Rider 75 – Diabetic Supplies and the Medicaid Preferred Drug List**
 - Health and Human Services Commission to pursue inclusion of diabetic supplies on the preferred drug list.

Thank you.

Texas Transformation Waiver

Rachel Samsel, MSSW

Director, Office of Healthcare Delivery Redesign
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Texas Transformation Waiver

- Texas has a five-year Medicaid demonstration (1115) waiver to enable hospitals and other providers to earn up to \$11.4 billion (All Funds) for Delivery System Reform Incentive Payment (DSRIP) projects.
 - DSRIP projects improve Texas' health care delivery system, including access to care, quality of care, and health outcomes.
- Approximately 1300 DSRIP projects were received from 20 Regional Healthcare Partnerships across the state, including local health departments
- CMS has approved over 80% of proposed projects

Texas Transformation Waiver

- Approximately 140 DSRIP projects were proposed that included diabetes related outcomes
 - HbA1c control
 - Retinal eye exams
 - Foot exams
 - Blood pressure control
 - Uncontrolled diabetes admissions rate
 - Diabetes 30 day readmission rate
 - Diabetes short term complication rate

Texas Transformation Waiver

- Topics of proposed diabetes related DSRIP projects
 - Diabetes management registry
 - Screening and treatment protocol to identify patients with dual diagnoses (physical and behavioral health) targeting diabetes
 - Establishing diabetes care teams
 - Community health worker program
 - Adolescent peer support team
 - Gestational Diabetes
 - Cell phone application for evidence-based health promotion
 - Self-management and wellness programs

Impact of Diabetes on Medicaid Population

Alexander Melis
Medicaid/CHIP Division

Diabetes and Medicaid: CY 2011 Enrollment and Costs

- **Medicaid FFS:** \$67 million
(approximately 81,000 clients)
- **Medicaid Managed Care:** \$141 million
(approximately 65,000 clients)
- **Vendor Drug:** \$ 77,978,821

Diabetes and Medicaid: Diabetes-related services

- Diabetes screenings and treatments are available for adults and children through Medicaid Fee-for-Service (FFS) and managed care organizations (MCOs) as medically indicated.
- Gestational diabetes screening is currently available through Pregnant Women's Medicaid, CHIP and Managed Care as medically necessary.
- Currently, self-management education and other related services for children and eligible adult clients with diabetes are provided through regular physician/client consultation for clients enrolled in the Medicaid FFS program.
- MCOs must provide or arrange the provision of comprehensive Disease Management (DM; which includes patient self-management education) for individuals with chronic health conditions, including diabetes.

Diabetes and Medicaid: Demographics

	Medicaid FFS/PCCM without Dual-Eligible included		Medicaid FFS/PCCM with Dual Eligible included	
	#	%	#	%
Type				
Type 1	2,401	3%	5,421	2%
Type 2, or unspecified	70,298	88%	216,579	96%
Gestational	10,205	13%	10,212	5%
Race/ethnicity				
White, non-Hispanic	20,383	29%	62,141	29%
Black, non-Hispanic	12,614	18%	36,202	17%
Hispanic	39,659	56%	99,016	46%
Other	2,248	3%	9,636	4%
Missing/Unknown	5,163	7%	19,680	9%
Age				
<18	5,235	7%	5,273	2%
18-64	63,623	90%	108,468	50%
65+	11,209	16%	112,934	52%
Total	80,067		226,675	

Diabetes and Medicaid: Priorities

- Quality screening and treatment services to identify and treat patients with diabetes.

Prevention, timely diagnosis and treatment are critical in patients with diabetes mellitus.

- Pre-diabetes and diabetes disease self management education.

The overall objectives of diabetes self-management education (DSME) are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

- Gestational diabetes screenings.

Numerous national and international medical organizations, along with expert panels and working groups, have issued specific guidelines with recommendations for screening and diagnosing Gestational Diabetes Mellitus (GDM).

- Dialogue with advisory bodies and external stakeholders to inform the development and improvement of Medicaid diabetes programming and benefits

HHSC is committed to providing individuals with pre-diabetes or diabetes in an effective and evidence-based manner that is responsive to their needs. HHSC will continue to work with parties interested in Texas Medicaid diabetes services, including TDC, in support of that goal.